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Florida Department of State
Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: annelie@bestratestravel.com

FLORIDA LIMITED LIABILITY CO. BEST RATES TRAVEL.COM LLC

Certificate of Status	1
Certified Copy	0
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2023 FEB 13 11:10:48
2023 FEB 14 AM 11:25
F... ..
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
BEST RATES TRAVEL.COM LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Best Rates Travel.com LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

17592 SE 121st Circle
 Summerfield, Florida 34491

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Annelie Miller
 17592 SE 121st Circle
 Summerfield, Florida 34491

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Annelie Miller (sign)
 Annelie Miller

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Annelie Miller 17592 SE 121st Circle Summerfield, Florida 34491

ARTICLE V.

The Effective date shall be the date of filing.

Annelie Miller (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Annelie Miller
Authorized Representative/Member

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA